

A RESOLUTION

State Health Benefit Plan Employee Rates for CY 2010 Plan Year from January 1, 2010 through December 31, 2010

WHEREAS, the State Health Benefit Plan is comprised of three health insurance plans, each supported by its own fund: 1) a plan for State employees (O.C.G.A. § 45-18-2), which is funded in part by State departments and agencies and other entities authorized by law to contract with the Department of Community Health for inclusion, and in part by the employees and retirees of these entities, and two plans funded in part by the Department of Education, local school systems, libraries and RESAs, and their employees and retirees: 2) a plan for teachers (O.C.G.A. § 20-2-891) and 3) a plan for non-certificated public school employees (O.C.G.A. § 20-2-911); and

WHEREAS, O.C.G.A. §§ 45-18-14, 20-2-892, 20-2-920 and 31-5A-3(a) authorize the Board of Community Health (the "Board") to establish employee rates as the employee's share of the cost of coverage under the plan in which he or she is enrolled; and

WHEREAS, O.C.G.A. § 20-2-920 directs the Board to establish employee rates for the plan for non-certificated public school employees in a manner that maintains these rates consistent with the rates for other health insurance plans administered by the Board; and


WHEREAS, the rates set forth on Attachment A have been calculated based on anticipated costs of the plans for calendar year 2010;

WHEREAS, the rates set forth on Attachment A have been calculated based on anticipated employer contributions to the plans for calendar year 2010;

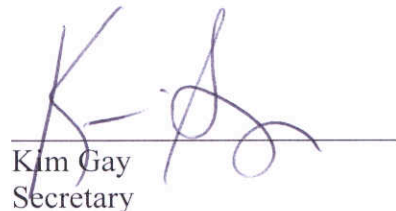
NOW, THEREFORE, BE IT ORDERED by the Board that the employee rates shown in Attachment A, effective January 1, 2010 are approved.

NOW, THEREFORE, BE IT FURTHER ORDERED by the Board that, based on the rates shown on Attachment A, the Commissioner shall establish such additional rates as may be administratively necessary for the operation of the Plan.

Resolved this 10th day of September 2009, in public session.



Richard L. Holmes
Chairman


Kim Gay
Secretary

Active and COBRA Rates

Attachment A

Health Plan	Tier					
		Active	COBRA CIGNA	COBRA UHC	Extended COBRA CIGNA	Extended COBRA UHC
HMO	Single	100.20	370.19	406.80	544.39	598.23
	Employee + Child(ren)	227.60	666.33	732.23	979.90	1,076.82
	Employee + Spouse	236.50	851.43	935.63	1,252.10	1,375.93
	Family	245.40	1,036.52	1,139.03	1,524.29	1,675.05
OAP	Single	94.70	459.89	459.89	676.30	676.30
	Employee + Child(ren)	268.10	827.79	827.79	1,217.34	1,217.34
	Employee + Spouse	278.50	1,057.74	1,057.74	1,555.50	1,555.50
	Family	289.10	1,287.68	1,287.68	1,893.65	1,893.65
HRA	Single	62.50	397.52	397.52	584.58	584.58
	Employee + Child(ren)	185.30	715.53	715.53	1,052.25	1,052.25
	Employee + Spouse	191.00	914.29	914.29	1,344.54	1,344.54
	Family	196.60	1,113.04	1,113.04	1,636.83	1,636.83
HDHP	Single	54.40	345.59	345.59	508.22	508.22
	Employee + Child(ren)	171.40	622.06	622.06	914.80	914.80
	Employee + Spouse	176.50	794.86	794.86	1,168.91	1,168.91
	Family	181.60	967.65	967.65	1,423.02	1,423.02

UHC = United HealthCare

CIGNA = CIGNA Healthcare

HMO = Health Maintenance Organization

HDHP = High Deductable Health Plan

HRA = Health Reimbursement Arrangement

OAP = Open Access Plan

School Board Member Rates 2010
Attachment A

		<u>Employee Contribution</u>	<u>Employer Contribution</u>	<u>Total Cost</u>
CIGNA HMO	Single	100.20	262.73	362.93
	Employee + Child(ren)	390.54	262.73	653.27
	Employee + Spouse	572.00	262.73	834.73
	Family	753.46	262.73	1,016.19
UHC HMO	Single	100.20	298.62	398.82
	Employee + Child(ren)	419.26	298.62	717.88
	Employee + Spouse	618.67	298.62	917.29
	Family	818.08	298.62	1,116.70
CIGNA OAP	Single	94.70	356.17	450.87
	Employee + Child(ren)	455.39	356.17	811.56
	Employee + Spouse	680.83	356.17	1,037.00
	Family	906.26	356.17	1,262.43
UHC OAP	Single	94.70	356.17	450.87
	Employee + Child(ren)	455.39	356.17	811.56
	Employee + Spouse	680.83	356.17	1,037.00
	Family	906.26	356.17	1,262.43
CIGNA HRA	Single	62.50	327.22	389.72
	Employee + Child(ren)	374.28	327.22	701.50
	Employee + Spouse	569.14	327.22	896.36
	Family	764.00	327.22	1,091.22
UHC HRA	Single	62.50	327.22	389.72
	Employee + Child(ren)	374.28	327.22	701.50
	Employee + Spouse	569.14	327.22	896.36
	Family	764.00	327.22	1,091.22
CIGNA HDHP	Single	54.40	284.41	338.81
	Employee + Child(ren)	325.45	284.41	609.86
	Employee + Spouse	494.86	284.41	779.27
	Family	664.27	284.41	948.68
UHC HDHP	Single	54.40	284.41	338.81
	Employee + Child(ren)	325.45	284.41	609.86
	Employee + Spouse	494.86	284.41	779.27
	Family	664.27	284.41	948.68

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